

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Address

Bruce Rifkin, Clerk
Attn: MDL, Lisa Tardiff
United States District Court
Western District of Washington
700 Stewart Street
Seattle, Washington 98101-9906

05-452, 05-453, 05-454

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

D. Is delivery address different from item 1?

If YES, enter delivery address below:

MDL 0 1 2005

☐ Agent

☐ Addressee

C. Date of Delivery

8/1/05

☐ Yes

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery

☐ Yes

7004 2510 0001 0150 5672

Domestic Return Receipt

MDL Transfer

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